

Amendment No. 1 to SB1869

Watson
Signature of Sponsor

AMEND Senate Bill No. 1869*

House Bill No. 1935

by deleting Section 1(c)(2)(B)(i)(b) and substituting instead the following:

(b) A statement that the insured agrees to receive medical services by an out-of-network healthcare provider and will receive a bill for one hundred percent (100%) of billed charges for the amount unpaid by the insured's insurer;

AND FURTHER AMEND by deleting Section 1(c)(2)(B)(i)(c) and substituting instead the following:

(c) The estimated amount that the facility will charge the insured for items and services provided by the facility in accordance with the insured's health benefits coverage for the items and services; and

(d) A listing of anesthesiologists, radiologists, emergency room physicians, and pathologists or the groups of such physicians with which the facility has contracted, including the physician or group name, phone number, and website;

AND FURTHER AMEND by deleting Section 3(b)(1)(D) and substituting instead the following:

(D) If the healthcare facility is not in-network or otherwise a participating provider, the estimated amount that the facility will charge the insured for items and services in excess of any cost sharing obligations that the insured would otherwise have under the insured's health benefits coverage for the items and services if the facility were in-network or otherwise participating in the coverage; and

AND FURTHER AMEND by deleting Section 3(b)(1)(E) and substituting instead the following:

(E) A listing of anesthesiologists, radiologists, emergency room physicians, and pathologists or the groups of such physicians with which the facility has contracted,

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including the physician or group name, phone number, and website, along with the following statement:

The physicians and other providers that may treat the patient at this facility may not be employed by this facility and may not participate in the patient's insurance network.

Anesthesiologists, radiologists, emergency room physicians, and pathologists are not employed by this facility. Services provided by those specialists, among others, will be billed separately.

Before receiving services, the patient should check with his or her insurance carrier to find out if the patient's providers are in-network.

Otherwise, the patient may be at risk of higher out-of-network charges.

AND FURTHER AMEND by deleting Section 3(c) and substituting instead the following:

(c) Prior to admission or a scheduled medical procedure, a healthcare facility or healthcare provider shall provide the insured with informational materials that include the following:

(1) The estimated amount that the facility will charge the insured for items and services provided by the facility in accordance with the insured's health benefits coverage for the items and services;

(2) A listing of anesthesiologists, radiologists, emergency room physicians, and pathologists or the groups of such physicians with which the facility is contracted, including the physician or group name, phone number, and website; and

(3) The following statement:

The patient will be billed for additional charges, including out-of-network charges, if the patient is provided medical services by a healthcare provider that is not in-network. In particular, the patient should ask the facility if he or she will be provided any medical services by anesthesiologists, radiologists, emergency room physicians, or pathologists who are not in the patient's network.